



CONTRACTORS STATE LICENSE BOARD

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA

MAILING ADDRESS: P.O. BOX 26000

SACRAMENTO, CA 95826

(916) 255-3900

**EXEMPTION FROM WORKERS' COMPENSATION**

Pursuant to Section 7125.1 of the Business and Professions Code, prior to issuance of a new license or reinstatement, reactivation, or renewal of an existing license, and as a condition of continued maintenance of an existing license, the applicant or licensee must have on file a Certificate of Workers' Compensation Insurance or a Certification of Self-Insurance from the Director of Industrial Relations. If the applicant or licensee has no employees, an exemption certificate must be submitted, certifying under penalty of perjury that he/she does not employ any person in any manner to be subject to the Workers' Compensation laws of California. A certificate or exemption is not required on an inactive license.

COMPLETE THIS EXEMPTION CERTIFICATE ONLY IF YOU DO NOT HAVE ANY EMPLOYEES.

NOTE: If the license is qualified by a Responsible Managing Employee (RME), an exemption certificate cannot be submitted.

OUT-OF-STATE CONTRACTORS: If you do not hire employees who reside in California, check this box ☐ and send the completed exemption certificate and a Certificate of Workers' Compensation Insurance which covers the employees from your state who are working in California. **Note:** If California does not have a reciprocity agreement with your state, you will be required to purchase a California Workers' Compensation policy to cover your employees while working in California.

PLEASE TYPE OR PRINT IN INK. FORMS COMPLETED IN PENCIL ARE NOT ACCEPTABLE.

Send the completed certificate to the Contractors State License Board (CSLB) at the address above.

LICENSE NUMBER OR PENDING APPLICATION NUMBER	
FULL NAME OF BUSINESS (AS IT CURRENTLY APPEARS ON THE RECORDS OF THE CSLB)	
BUSINESS HAS/HAD NO EMPLOYEES AS OF (MONTH/DAY/YEAR):	
If this date is older than 90 days, we will use the date the notice is received at our headquarters office as the effective date.	
DAYTIME BUSINESS TELEPHONE NUMBER ()	EVENING TELEPHONE NUMBER ()

FALSIFICATION OF ANY DOCUMENT IS CAUSE FOR DISCIPLINARY ACTION

On _____ at _____
Date - Month/Day/Year City County State

I certify under penalty of perjury under the laws of the State of California that the above named business does not employ any person in any manner so as to become subject to the Workers' Compensation laws of California. I further certify that the CSLB will be notified and sent a Certificate of Workers' Compensation Insurance or a Certification of Self-Insurance within 90 days of employing any person which results in the business becoming subject to the Workers' Compensation laws of California.

SIGNATURE OF OWNER, PARTNER, OR OFFICER _____

PRINT OR TYPE NAME OF THE PERSON SIGNING _____

THIS EXEMPTION WILL REMAIN ON FILE UNTIL YOU NOTIFY THE CSLB OF ANY CHANGES. PURSUANT TO SECTION 7083 OF THE BUSINESS AND PROFESSIONS CODE, FAILURE TO NOTIFY THE CSLB OF ANY CHANGES WITHIN 90 DAYS IS GROUNDS FOR DISCIPLINARY ACTION.